

SERFF Tracking Number: PRUD-126838971 State: Arkansas
 Filing Company: Pruco Life Insurance Company State Tracking Number: 47129
 Company Tracking Number: PLTUB-2011 & TB 102-2011-JSAR
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: PLTUB-2011 & TB 102-2011
 Project Name/Number: PLTUB-2011 & TB 102-2011/

Filing at a Glance

Company: Pruco Life Insurance Company

Product Name: PLTUB-2011 & TB 102-2011

TOI: L04I Individual Life - Term

Sub-TOI: L04I.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life

Filing Type: Form

SERFF Tr Num: PRUD-126838971 State: Arkansas

SERFF Status: Closed-Approved-
 Closed State Tr Num: 47129

Co Tr Num: PLTUB-2011 & TB
 102-2011-JSAR

State Status: Approved-Closed

Reviewer(s): Linda Bird

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 Williams, Karen Finn

Disposition Date: 10/29/2010

Date Submitted: 10/25/2010

Disposition Status: Approved-
 Closed

Implementation Date Requested: 02/14/2011

State Filing Description:

Implementation Date:

General Information

Project Name: PLTUB-2011 & TB 102-2011

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: These forms are
 exempt from review in our domicile state,
 Arizona.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/29/2010

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/29/2010

Deemer Date:

Submitted By: Eula Armstrong

Created By: Diane Barrios

Corresponding Filing Tracking Number:

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Filing Description:

We enclose the following forms for filing:

PLTUB-2011
TB 102-2011

These are new forms and will not replace any existing forms. We plan to introduce these forms in February 2011.

Form PLTUB-2011 is a term life policy, which provides term insurance coverage to attained age 85. The policy provides for an initial period of level premiums to attained age 65, followed by a 20-year period of increasing premiums to attained age 85. All premiums are guaranteed. The policy is convertible up to attained age 65.

Form TB 102-2011 is a term life rider, which provides a waiver of premium benefit if the insured becomes totally disabled or unemployed. The rider will be automatically included with the policy. There is a separate premium for this benefit, which is shown in the contract data pages. As defined in the rider, if the insured becomes disabled prior to the policy anniversary on or after his/her 65th birthday, premiums are waived (while disabled) during the level premium-paying period. As also defined in the rider, premiums are waived for one year if the insured becomes unemployed during the level premium period. The unemployment benefit may be used only once.

Our currently approved Accidental Death rider, Children's rider, and Living Needs Benefit Rider are other optional benefits that may be added to the policy.

The new policy form will be used with our previously approved application forms, ORD 96200-2010 and ORD 84379-2010, et al.

This policy is marketed to the general public with an issue age range of 25-55. The policy form will be marketed to the general public. This form will be marketed by our agency staff, brokers authorized to sell Pruco Life products, and over the Internet. Sales of this product may also be offered through a specialized group of licensed home office employees. Internet sites such as www.prudential.com, commercial quoting engines and agent/broker Internet sites will all have information about our new life product and the options/riders that are available with it. The plan is to use the Internet to increase consumer awareness of this product through banner advertisement, content integration agreements, and other partnership agreements that direct consumers to our life product information. We will not, however, accept applications for this policy over the Internet. Our normal underwriting rules will apply and the commissions and gross premium rates are comparable to those of our other individual products.

In accordance with the regulations of your state, the policy form in this submission will not be illustrated.

<i>SERFF Tracking Number:</i>	<i>PRUD-126838971</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pruco Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47129</i>
<i>Company Tracking Number:</i>	<i>PLTUB-2011 & TB 102-2011-JSAR</i>		
<i>TOI:</i>	<i>L041 Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>PLTUB-2011 & TB 102-2011</i>		
<i>Project Name/Number:</i>	<i>PLTUB-2011 & TB 102-2011/</i>		

This is to assure you that the required policy information as described in Ark Code Ann 23-79-138 will be provided to the owner when this policy is issued.

This is to assure you that the Life and Health Guaranty Association Notice required by Regulation 49 will be provided to each policy owner.

This is to assure you that this filing complies with the applicable Regulation 34 requirements and that we will comply with Bulletin 11-83 if rates are changed.

In accordance with a previous agreement between your Department and Pruco, we will include on our claim form (COMB 38) the following wording in Arkansas so that we are in compliance with Arkansas code section 23-81-118, supplemented by Bulletin 15-79.

If payment is made after 30 days from the day we receive proof of death of the insured, life insurance death benefits payable under policies issued in Arkansas will include interest at the rate of 8 percent per year.

These forms are submitted in final print and are subject to only minor modification in paper size and stock, ink, border, Company logo and adaptation to computer printing. Variable and illustrative material in the contract data pages has been bracketed.

If you have any questions, please call me toll-free at (888)-800-8244, or contact me via e-mail at John.Steiniger@Prudential.com.

Company and Contact

Filing Contact Information

John Steiniger, Second Vice President
Individual Insurance Group
213 Washington Street
Newark, NJ 07102-2992

John.Steiniger@Prudential.com
973-802-6104 [Phone]
973-367-8134 [FAX]

Filing Company Information

Pruco Life Insurance Company
751 Broad Street
Newark, NJ 07102-3777
(973) 802-6000 ext. [Phone]

CoCode: 79227	State of Domicile: Arizona
Group Code: 304	Company Type: Life
Group Name:	State ID Number:
FEIN Number: 22-1944557	

SERFF Tracking Number: PRUD-126838971 State: Arkansas
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 Product Name: PLTUB-2011 & TB 102-2011
 Project Name/Number: PLTUB-2011 & TB 102-2011/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/29/2010	10/29/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/26/2010	10/26/2010			

SERFF Tracking Number: PRUD-126838971 *State:* Arkansas
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Product Name: PLTUB-2011 & TB 102-2011
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Disposition

Disposition Date: 10/29/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	Reserves	Yes	Yes
Supporting Document	Statement of Variability	Yes	Yes
Form	Term Life Policy	Yes	Yes
Form	RIDER FOR WAIVER OF PREMIUM BENEFIT DUE TO INSURED'S DISABILITY OR UNEMPLOYMENT	Yes	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/26/2010
Submitted Date 10/26/2010
Respond By Date 11/26/2010

Dear John Steiniger,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Form Schedule

Lead Form Number: PLTUB-2011

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PLTUB-2011	Policy/Cont Term Life Policy ract/Fraternal Certificate	Initial		63.400	PLTUB-2011 Policy for AR.pdf
	TB 102-2011	Certificate RIDER FOR Amendmen WAIVER OF t, Insert PREMIUM BENEFIT Page, DUE TO INSURED'S Endorseme DISABILITY OR nt or Rider UNEMPLOYMENT	Initial		47.700	TB 102-2011 Rider.pdf



Pruco Life Insurance Company
213 Washington Street, Newark, NJ 07102
A Prudential company

Insured JOHN DOE

XX XXX XXX **Policy Number**
DEC 1, 2010 **Contract Date**

Agency R-NK 1

Term Life Policy. Provides a level benefit. Life insurance payable upon death within stated term period. Premiums payable during Insured's lifetime for stated premium period. After a period of level premiums, the premiums will increase annually as shown under Premium Period on page 3. Convertible, as limited, but not renewable. Non-participating.

We will pay the beneficiary the death benefit described in this contract promptly if we receive due proof that the Insured died in the term period. We make this promise subject to all the provisions of this contract. The term period starts on the contract date. The anniversary at the end of the term period is part of the term period.

If there is ever a question about this contract, just see a Pruco Life representative or contact one of our offices.

Right to Cancel Contract

If you return this contract to us no later than 10 days after you receive it, we will refund your money promptly. The contract will be canceled from the start. All you have to do is take it or mail it to one of our offices or to the representative who sold it to you.

Signed for Pruco Life Insurance Company,
an Arizona Corporation.

Secretary

President

PLEASE READ YOUR POLICY CAREFULLY; it is a legal contract between you and Pruco Life Insurance Company.

GUIDE TO CONTENTS

	Page
Contract Data	3
Insured's Information; Rating Class; Basic Contract Information; Life Insurance on the Insured; Other Benefits (if applicable); Schedule of Premiums	
Definitions	5
The Contract	5
Entire Contract; Contract Modifications; Incontestability	
Ownership	5
Death Benefits	6
Unearned Premium; Interest on Death Benefit; Suicide Exclusion; Method of Payment	
Beneficiary	6
Conversion to Another Plan of Insurance	7
Right to Convert; Conditions; Contract Date; Contract Specifications	
Change in Plan	8
Premium Payment	9
Payment of Premiums; Change of Frequency; Grace Period	
Reinstatement	10
General Provisions	10
Currency; Misstatement of Age or Sex; Cancellation; Assignment; Non-participating	
Settlement Options	11
Options Described; Interest Rate	
Settlement Options Tables	12

A copy of the application and any riders or endorsements can be found at the end of the contract.

CONTRACT DATA

Insured

[JOHN DOE] [Male], [Issue Age 35]

Rating Class

[Nonsmoker]

Basic Contract Information

Policy Number [XX XXX XXX]
Contract Date [December 1, 2010]
Term Period [50] years
Premium Period [50] years (premiums for the Basic Amount are level for [30] years, then increase annually for 20 years.)
Beneficiary [Class 1 MARY DOE, wife]
[Class 2 ROBERT DOE, son]

Life Insurance on the Insured

Basic Amount [\$100,000.00]

Other Benefit(s) on the Insured (see appropriate form for details)

[Rider TB 102 - Waiver of Premium Benefit Due to Insured's Disability or Unemployment.]

Schedule of Premiums

Total Initial Premium [on Contract Date] for the following modes:

Annual	Semi-annual	Quarterly	Monthly
[\$371.00]	[\$192.92]	[\$98.32]	[\$33.39]

Contract premiums are due on the contract date and every [12] months after that date. The [annual] premium is [\$371.00] and changes as shown below.

CONTRACT DATA CONTINUED ON NEXT PAGE

PROCESSING DATE: [XXX XX, XXXX]
POLICY NO. [XX XXX XXX]

(This page intentionally left blank.)

DEFINITIONS

We, our, us and **Pruco Life**. - Pruco Life Insurance Company.

You and **Your**. - The owner of the contract.

Insured. - The person named as the Insured on the first page. He or she need not be the owner.

Issue date. - Same as the contract date.

Anniversary or **contract anniversary**. - The same day and month as the contract date in each later year.

Contract year. - A year that starts on the contract date or on an anniversary.

Attained age. - The Insured's issue age plus the length of time since the contract date. You will find the Insured's issue age near the top of page 3.

THE CONTRACT

Entire Contract

This policy and any attached copy of an application, including an application requesting a change, form the entire contract. We assume that all statements in an application are made to the best of the knowledge and belief of the person(s) who make them; in the absence of fraud, they are deemed to be representations and not warranties. We rely on those statements when we issue the contract and when we change it. We will not use any statement, unless made in an application, to try to void the contract, to contest a change, or to deny a claim.

Contract Modifications

Only a Pruco Life officer with the rank or title of vice president may agree to modify this contract, and then only in writing.

Incontestability

Except for non-payment of premium, we will not contest this contract after it has been in force during the Insured's lifetime for two years from the issue date.

OWNERSHIP

On the contract date, the Insured is the owner of the contract, unless a different owner is named in the application. If a different owner is named, we will show that owner in a provision we endorse in the contract. The ownership arrangement in effect on the contract date will remain in effect unless you ask us to change it.

You may change the ownership of the contract by sending us a request in a form that meets our needs. We may ask you to send us the contract to be endorsed. If we receive your request in a form that meets our needs, and the contract if we ask for it, we will file and record the change, and it will take effect as of the date you signed the request.

While the Insured is living, the owner alone is entitled to any contract benefit and value, and to the exercise of any right and privilege granted by the contract or by us.

DEATH BENEFITS

If the Insured dies in the term period, we will pay a benefit at the Insured's death (except as we state in the Suicide Exclusion) if this contract is in force at the time of death; that is, the initial premium has been paid and no premium is past due beyond the 31-day grace period we describe under Premium Payment.

The benefit payable at the Insured's death will be equal to the Life Insurance on the Insured as described on a contract data page, plus a return of any unearned premium paid by you less any past due premium.

This contract may provide other benefits on the death of the Insured or benefits on the death of other insureds. If it does, each benefit will be listed on a contract data page, and a form describing the benefit and the conditions under which it is payable will be included in this contract. Any such benefit will be payable only if the contract is in force, unless the form that describes the benefit states otherwise.

Unearned Premium

When we pay a death benefit on the Insured, we will return that part of the last premium paid by you for that benefit that covers the period after the date of death.

Interest on Death Benefit

Any death benefit described above will be credited with interest from the date of death at a rate declared by Pruco Life or in accordance with applicable laws.

Suicide Exclusion

If the Insured, whether sane or insane, dies by suicide within two years from the issue date, this contract will end and we will return the premiums paid. The contract will provide no further benefit.

Method of Payment

You may choose to have any death benefit paid in a single sum or under an optional mode of settlement (see Settlement Options).

BENEFICIARY

You may designate or change a beneficiary by sending us a request in a form that meets our needs. We may ask you to send us the contract to be endorsed. If we receive your request, and the contract if we ask for it, we will file and record the change and it will take effect as of the date you signed the request. But if we make any payment(s) before we receive the request, we will not have to make the payment(s) again. Any beneficiary's interest is subject to the rights of any assignee we know of.

When a beneficiary is designated, any relationship shown is to the Insured, unless otherwise stated. To show priority, we will use numbered classes, so that the class with first priority is called class 1, the class with next priority is called class 2, and so on. When we use numbered classes, these statements apply to beneficiaries unless the form states otherwise:

1. One who survives the Insured will have the right to be paid only if no one in a prior class survives the Insured.
2. One who has the right to be paid will be the only one paid if no one else in the same class survives the Insured.
3. Two or more in the same class who have the right to be paid will be paid in equal shares.
4. If none survives the Insured, we will pay in one sum to the Insured's estate.

Before we make a payment, we have the right to decide what proof we need of the identity, age or any other facts about any persons designated as beneficiaries. If beneficiaries are not designated by name and we make payment(s) based on that proof, we will not have to make the payment(s) again.

CONVERSION TO ANOTHER PLAN OF INSURANCE

Right to Convert

You may convert this contract to a new contract of life insurance on the Insured's life. You will not have to prove that the Insured is insurable.

Conditions

You must ask for the conversion in a form that meets our needs, while this contract is in force, and on or before the contract anniversary on or after the Insured's 65th birthday.

We may require you to send us the contract.

The new contract will not take effect unless the premium for it is paid while the Insured is living and within 31 days after its contract date. If the premium is paid as we state, it will be deemed that the new contract took effect on its contract date and that this contract ended just before that date. We will return that part, if any, of the last premium paid for this contract that is more than was needed to pay premiums to the contract date of the new contract.

Contract Date

You may choose any contract date for the new contract that is (a) not after the date to which premiums are paid for this contract, (b) not after the 60th day following the date we receive your request, (c) not after the date described in the first paragraph under Conditions, and (d) not more than 31 days prior to the date we receive your request.

Contract Specifications

The new contract will be in the same or equivalent rating class as this contract. We will set the issue age and the premiums for the new contract in accordance with our regular rules in use on its contract date.

Except as we state in the next sentence, the new contract may be any life policy we or The Prudential Insurance Company of America regularly issue on its contract date for the same or equivalent rating class, amount, issue age, and sex. It may not be: one that insures anyone in addition to the Insured; one that includes or provides for term insurance, other than extended insurance; one that includes a waiver of premium; or one with any benefit other than the basic insurance benefit and accidental death benefit referred to below.

The basic amount of the new contract may be any amount you ask for as long as it is at least \$25,000 and not more than the basic amount of this contract. We will always make available at least one policy for conversion with a minimum basic amount of \$25,000.

If this contract has an accidental death benefit, we will include an accidental death benefit in the new contract if we would regularly issue contracts like the new contract with that benefit. But you must ask for the benefit in your request for conversion, and the basic amount of the new contract must be no larger than the basic amount of this contract. The amount of the accidental death benefit in the new contract will be the smaller of the basic amount of the new contract and the amount of the accidental death benefit in this contract.

Any accidental death benefit in the new contract will be the same one with the same provisions that we put in other contracts like it on the new contract date. In any of these paragraphs, when we refer to other contracts, we mean contracts we would regularly issue on the same plan as the new contract and for the same rating class, amount, issue age and sex.

CHANGE IN PLAN

You may be able to have this contract changed to another plan of life insurance other than in accordance with the requirements for conversion we describe above. Any change will be made only if we consent, and will be subject to conditions and charges that are then determined.

PREMIUM PAYMENT

Payment of Premiums

The schedule of premiums shows the amounts of the premiums and when they are due. These premiums are due only while the Insured is living and only during the premium period.

Change of Frequency

If you ask us and we agree, you may change the frequency of premium payments. The more often premiums are due, the larger the total amount that will have to be paid for a contract year.

Grace Period

We grant a 31-day grace period for paying each premium except the first one. If the premium has not been paid by its due date, the contract will stay in force during the grace period. If the premium has not been paid when its grace period is over, the contract will end and have no value.

REINSTATEMENT

You may reinstate this contract after the grace period of a past due premium if: the term period has not ended; the premium payment is not past due more than five years; and you prove to us that the Insured is insurable for the contract.

You must pay us all premiums in arrears; we may also charge compound interest at a rate of up to 6% per year.

GENERAL PROVISIONS

Currency

Any money we pay, or that is paid to us, must be in United States currency.

Misstatement of Age or Sex

If the Insured's stated age or sex or both are not correct, we will change each benefit and any amount to be paid to what the premium would have bought for the correct age and sex.

The Schedule of Premiums may show that premiums change or stop on a certain date. We may have used that date because the Insured would attain a certain age on that date. If we find that the issue age was wrong, we will correct that date.

Cancellation

If you ask us in a form that meets our needs and while no premium is past due, we will cancel this contract on the date we receive your request. On that date, the contract will end and have no value. We will return that part of the last premium paid by you that covers the period after the cancellation date.

Assignment

We will not be deemed to know of an assignment unless we receive it, or a copy of it. We are not obliged to see that an assignment is valid or sufficient. This contract may not be assigned to any employee benefit plan without our consent. This contract may not be assigned if such assignment would violate any federal, state, or local law or regulation prohibiting sex distinct rates for insurance.

Non-participating

This contract will not share in our profits or surplus earnings. We will pay no dividends on it.

SETTLEMENT OPTIONS

Options Described

You may choose to have any death benefit paid in a single sum or under one of the optional modes of settlement described below.

If the person who is to receive the proceeds of this contract wishes to take advantage of one of these optional modes, we will be glad to furnish, on request, details of the options we describe below or any others we may have available at the time the proceeds become payable.

Option 1 (Instalments for a Fixed Period)

We will make equal payments for up to 25 years. The Option 1 Table shows the minimum amounts we will pay.

Option 2 (Life Income)

We will make equal monthly payments for as long as the person on whose life the settlement is based lives with payments certain for 120 months. The Option 2 Table shows the minimum amounts we will pay. But, we must have proof of the date of birth of the person on whose life the settlement is based.

Option 3 (Interest Payment)

We will hold an amount at interest. We will pay the interest annually, semi-annually, quarterly, or monthly.

Option 4 (Instalments of a Fixed Amount)

We will make equal annual, semi-annual, quarterly, or monthly payments for as long as the available proceeds provide.

Option 5 (Non-Participating Income)

We will make payments like those of any annuity we then regularly issue that: (1) is based on United States currency; (2) is bought by a single sum; (3) does not provide for dividends; and (4) does not normally provide for deferral of the first payment. Each payment will be at least equal to what we would pay under that kind of annuity with its first payment due on its contract date. If a life income is chosen, we must have proof of the date of birth of any person on whose life the option is based. Option 5 cannot be chosen more than 30 days before the due date of the first payment.

Interest Rate

Payments under Options 1, 3 and 4 will be calculated assuming an effective interest rate of at least 1.5% a year. We may include more interest.

SETTLEMENT OPTIONS TABLES

OPTION 1 TABLE

OPTION 2 TABLE

MINIMUM AMOUNT OF MONTHLY PAYMENT FOR EACH \$1,000, THE FIRST PAYABLE IMMEDIATELY		MINIMUM AMOUNT OF MONTHLY PAYMENT FOR EACH \$1,000, THE FIRST PAYABLE IMMEDIATELY						
Number of Years	Monthly Payment	AGE LAST BIRTHDAY	Male	Female	AGE LAST BIRTHDAY	Male	Female	
		1	\$83.90	5	\$2.72	\$2.68	48	\$3.72
2	42.26	6	2.73	2.69	49	3.77	3.56	
3	28.39	7	2.74	2.69	50	3.83	3.61	
4	21.45	8	2.75	2.70	51	3.88	3.66	
5	17.28	9	2.76	2.71	52	3.95	3.71	
6	14.51	10	2.77	2.72	53	4.01	3.76	
7	12.53	11	2.78	2.73	54	4.08	3.82	
8	11.04	12	2.79	2.74	55	4.15	3.88	
9	9.89	13	2.80	2.75	56	4.22	3.94	
10	8.96	14	2.82	2.76	57	4.30	4.01	
11	8.21	15	2.83	2.77	58	4.38	4.08	
12	7.58	16	2.84	2.78	59	4.47	4.16	
13	7.05	17	2.85	2.79	60	4.56	4.24	
14	6.59	18	2.87	2.80	61	4.66	4.32	
15	6.20	19	2.88	2.81	62	4.76	4.41	
16	5.85	20	2.89	2.83	63	4.87	4.50	
17	5.55	21	2.91	2.84	64	4.98	4.60	
18	5.27	22	2.93	2.85	65	5.10	4.71	
19	5.03	23	2.94	2.87	66	5.23	4.82	
20	4.81	24	2.96	2.88	67	5.36	4.94	
21	4.62	25	2.98	2.90	68	5.49	5.06	
22	4.44	26	3.00	2.91	69	5.64	5.19	
23	4.28	27	3.01	2.93	70	5.78	5.33	
24	4.13	28	3.03	2.94	71	5.94	5.48	
25	3.99	29	3.06	2.96	72	6.10	5.63	
Multiply the monthly amount by 2.996 for quarterly, 5.981 for semi-annual or 11.919 for annual.		30	3.08	2.98	73	6.26	5.79	
		31	3.10	3.00	74	6.43	5.96	
		32	3.13	3.02	75	6.60	6.14	
		33	3.15	3.04	76	6.78	6.33	
		34	3.18	3.07	77	6.95	6.52	
		35	3.21	3.09	78	7.13	6.71	
		36	3.23	3.11	79	7.31	6.92	
		37	3.27	3.14	80	7.49	7.12	
		38	3.30	3.16	81	7.67	7.33	
		39	3.33	3.19	82	7.85	7.53	
		40	3.37	3.22	83	8.02	7.73	
		41	3.40	3.25	84	8.18	7.93	
		42	3.44	3.29	85	8.33	8.12	
		43	3.48	3.32	86	8.48	8.29	
		44	3.53	3.35	87	8.62	8.46	
		45	3.57	3.39	88	8.75	8.61	
		46	3.62	3.43	89	8.87	8.75	
		47	3.67	3.47	90	8.98	8.88	
				and over				

(This page intentionally left blank.)

Term Life Policy. Provides a level benefit. Life insurance payable upon death within stated term period. Premiums payable during Insured's lifetime for stated premium period. After a period of level premiums, the premiums will increase annually as shown under Premium Period on page 3. Convertible, as limited, but not renewable. Non-participating.

RIDER FOR WAIVER OF PREMIUM BENEFIT DUE TO INSURED'S DISABILITY OR UNEMPLOYMENT

This benefit is part of this contract only if it is listed on a contract data page.

Rider Benefit

Subject to all the provisions of this rider and of the rest of this contract, we will waive premiums for this contract and any other benefits attached while the Insured is totally disabled or if the Insured is unemployed.

DEFINITIONS

Total Disability

When we use the words "disability" and "disabled" in this benefit we mean total disability and totally disabled. Until the Insured has stayed disabled for two years, we define "total disability" to mean that (1) he or she cannot, due to sickness or injury, do any of the duties of his or her regular occupation; but (2) after the Insured has stayed disabled for two years, we mean that he or she cannot, due to sickness or injury, do any gainful work for which he or she is reasonably fitted by education, training, or experience.

Except for what we state in the next sentence, we will at no time regard an Insured as totally disabled who is doing gainful work for which he or she is reasonably fitted by education, training, or experience. We will regard an Insured as totally disabled, even if working or able to work, if he or she incurs one of the following: (1) permanent and complete blindness of both eyes; or (2) physical severance of both hands at or above the wrists or both feet at or above the ankles; or (3) physical severance of one hand at or above the wrist and one foot at or above the ankle.

Unemployment

When we use the terms "unemployed" and "unemployment" in this rider, we mean that the Insured has been unemployed for 60 continuous days and is receiving state unemployment benefits.

TOTAL DISABILITY BENEFIT

Premiums Eligible to be Waived

We will waive premiums under this benefit if the Insured becomes disabled before the first contract anniversary on or following his or her 65th birthday and that disability begins on or after the contract date.

Premiums eligible to be waived are any premiums that fall due (1) while the Insured is totally disabled and (2) prior to the contract anniversary on or following the Insured's 65th birthday.

If the Insured becomes disabled on or after the first contract anniversary on or following his or her 65th birthday, we will not waive any premium that falls due in that period of disability.

Conditions

The Insured must become disabled while this contract is in force on a premium-paying basis, stay disabled for a period of at least six months while living, and we must not be waiving premiums under the unemployment benefit of this rider.

Exclusions

We will not waive any premium if the Insured becomes disabled from: (1) an injury he causes to himself, or she causes to herself, on purpose; or (2) sickness or injury due to service on or after the date of this rider in the armed forces of any country at war. The word "war" means declared or undeclared war and includes resistance to armed aggression.

Successive Disabilities

Here is what happens if the Insured has at least one premium waived while disabled, then gets well so that premium payment resumes, and then becomes disabled again. In this case, we will not apply the six-month period that would otherwise be required under Conditions shown above. We will consider the second period of disability to be part of the first period unless: (1) the Insured has done gainful work, for which he or she is reasonably fitted, for at least six months between the periods; or (2) the Insured became disabled the second time from an entirely different cause.

If we do not apply the six-month period required under Conditions shown above, we will not count the days when there was no disability as part of the two-year period when disability means the Insured due to sickness or injury cannot do any of the duties of his or her regular occupation.

Notice and Proof of Claim

We will not waive any premium unless we receive proof of disability from the Insured. Notice and proof of any claim should be given to us as soon as reasonably possible, and if possible, while the Insured is living and disabled. We may also require proof of continuance of disability at reasonable intervals. After he or she has been totally disabled for two years, we will not ask for proof of continued disability more than once a year. As a part of any proof, we have the right to require that the Insured be examined at our expense by doctors of our choice.

When We Will Stop Waiving Premiums

We will stop waiving premiums if: (1) disability ends; or (2) we ask for proof that the Insured is disabled and we do not receive it; or (3) we require that the Insured be examined and he or she fails to do so. Even if the Insured is still disabled, beginning on the first contract anniversary on or following the Insured's 65th birthday, we will stop waiving premiums and you must resume premium payments.

UNEMPLOYMENT BENEFIT

Premiums Eligible To Be Waived

If the Insured becomes unemployed, we will waive one continuous year of premiums (one annual, two semi-annual, four quarterly, or twelve monthly premiums) beginning with the modal premium due on or after the date of unemployment. Once we have waived one year of premiums, we will waive no further premiums under this Unemployment Benefit.

Conditions

The conditions are:

1. the contract must be in force on a premium-paying basis;
2. the unemployment must occur after the first contract anniversary and continue for 60 days;
3. the unemployment must occur before the contract anniversary on or following the Insured's 65th birthday;
4. the Insured must have received unemployment compensation from his or her state of residence for this period of unemployment;

5. the Insured must have been continuously employed during the twelve-month period immediately preceding the date unemployment began; and
6. we must not be waiving premiums under the total disability benefit of this rider.

Notice and Proof of Claim

The Insured must provide us with (1) written proof of receipt of state unemployment compensation, (2) the date unemployment began, (3) proof that the Insured was continuously employed during the twelve-month period immediately preceding the unemployment date, and (4) proof that the Insured was continuously unemployed for 60 days.

Miscellaneous

Any premiums that fall due are payable until we approve a claim. We will refund any premium paid that is later waived.

If disability or unemployment starts in the grace period of an unpaid premium and if we are able to approve a claim, the unpaid premium will be due us; we may also charge compound interest at a rate of up to 6% per year. If we do not receive that amount, we will deduct the unpaid premium and any interest from any amount we pay under the contract.

Any premium we waive will be at the frequency in effect when the Insured becomes disabled or unemployed. If we waive premiums, the effect on this contract will be the same as if the premiums had been paid in cash. But the Unearned Premium and Cancellation provisions will not apply to any premium that was not paid by you because it was waived under this benefit.

Benefit Premiums

We show the premiums for this benefit on a contract data page. They are payable until the first contract anniversary on or following the Insured's 65th birthday.

Termination

This benefit will end on the earliest of:

1. the end of the last day of the grace period of a past due premium;
2. the end of the day before the first contract anniversary on or following the Insured's 65th birthday;
3. the date the contract is cancelled under its Cancellation provision, if it has one;
4. the date the contract is surrendered for its net cash value, if it has one; or
5. the date the contract ends for any other reason.

This Supplementary Benefit rider attached to this contract on the Contract Date

Pruco Life Insurance Company,

By



Secretary

<i>SERFF Tracking Number:</i>	<i>PRUD-126838971</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pruco Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47129</i>
<i>Company Tracking Number:</i>	<i>PLTUB-2011 & TB 102-2011-JSAR</i>	<i>Sub-TOI:</i>	<i>L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>TOI:</i>	<i>L041 Individual Life - Term</i>		
<i>Product Name:</i>	<i>PLTUB-2011 & TB 102-2011</i>		
<i>Project Name/Number:</i>	<i>PLTUB-2011 & TB 102-2011/</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
Certificate of Compliance _Reg. 19.pdf		
Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
For Informational Purposes only, attached are previously approved Application For Life Insurance Form, ORD 96200-2010 approved on September 03, 2009, under SERFF Tracking # PRUD-126225942.		
Attachment:		
ORD_96200-2010_092310_PRUCO_Prefilled.pdf		

	Item Status:	Status Date:
Satisfied - Item: Reserves		
Comments:		
Attachments:		
PLTUB-2011 Act Memo & Sample Reserve Calc.pdf		
TB 102-2011 Act Memo & Sample Reserve Calc.pdf		

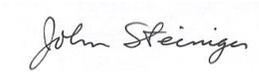
	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment:		
Statement of Variability.pdf		

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Pruco Life Insurance Company

Form Number(s): PLTUB-2011 & TB 102-2011

I hereby certify that the filings above meet all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

John Steiniger

Name

Assistant Vice President

Title

October 18, 2010

Date

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Pruco Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
PLTUB-2011	64.3
TB 102-2011	47.7



Name: John Steiniger
Title: Assistant Vice President

October 18, 2010

Date



Prudential

APPLICATION FOR LIFE INSURANCE

PART 1

- Pruco Life Insurance Company
- The Prudential Insurance Company of America
- Both are Prudential Financial companies.*
- Corporate Offices, Newark, New Jersey

POLICY NUMBER (IF KNOWN): _____

A. PROPOSED INSURED (POLICY OWNER UNLESS SECTION D IS COMPLETED)

1. Name: _____
2. Previous name (if changed in the last 5 yrs.): _____
3. Social Security number: _____ 4. State of birth (Country if not U.S.): _____
5. Gender: Female Male 6. Date of birth: ____ / ____ / ____ 7. Date policy to Save Age? Yes No
8. Are you a permanent, legal US resident? Yes No
If No, provide country of legal residence, type and number of visa, expiration date and length of US residence : _____
9. Driver's license issuing state: _____ Number: _____ Expiration date: _____
If None, why not?: _____
10. Residence address (No PO boxes): Street _____ Apt _____
 City _____ State _____ ZIP _____
11. e-mail address: _____
12. Home telephone number: _____ Business telephone number (ext.): _____
13. Current employer name: _____
 Business address: Street _____ Suite _____
 City _____ State _____ ZIP _____
14. Occupation: _____
 Duties: _____
15. Earned annual income \$ _____ Unearned annual income \$ _____ Net worth \$ _____

B. PLAN OF INSURANCE

1. Amount of insurance applied for: \$ _____ [If \$5,000,000 or more, complete *Financial Supplement*.]
2. Product applied for: Term Essential®: 10 15 20 30 PruLife® Universal Life Plus (UL Plus)]
 Term Elite®: 10 15 20 PruLife® Universal Life Protector (UL Protector)]
 ROP Term: 15 20 30 VUL ProtectorSM (VULP) **Complete the *Variable Supplement*.**
 PruLife® Custom Premier II (VUL II)] Other: _____
[Complete the *Variable Supplement*.]
3. For [UL Plus, UL Protector, VULP and VUL II:] Death Benefit type:
 Type A (Level) Type B (Variable) Type C (Return of Premium) – **Not available for UL or VUL Protector.** – Interest rate: _____ %]
4. For [UL Plus, VULP and VUL II:] Definition of life insurance:
 Cash Value Accumulation Test (CVAT) Guideline Premium Test (GPT)]
5. Requested Optional Benefits (Not all benefits are available for all products.):
 Waiver of Premium/Enhanced Disability Benefit Overloan Protection Rider]
 Acceleration of Death Benefit (Living Needs Benefit) Child Rider **Complete *Child Rider Supplement*.**
 Accidental Death Benefit: Amount \$ _____ Automatic Premium Loan]
 Other Riders/Benefits (indicate amount where applicable): _____ Enhanced Cash Value Rider]

C. PREMIUM

1. Send notices (check one): Policyowner Other recipient: _____
 Send notices (check one): Policyowner's residence Other address:
 Street _____ Apt _____
 City _____ State _____ ZIP _____
2. Premium payment mode: Annual Semiannual Quarterly Monthly – Electronic Funds Transfer]
3. [For non-term plans,] billed premium: \$ _____

FOR INFORMATIONAL PURPOSES ONLY

D. OWNER (COMPLETE IF OWNER IS OTHER THAN THE PROPOSED INSURED)

[For multiple owners, details are to be listed in Special Requests, section H.]

1. Name of owner: _____
2. Social Security/Tax identification number (SSN/TIN): _____
3. Residence address (No PO boxes): Street _____ Apt _____
 City _____ State _____ ZIP _____
4. Owner's email address: _____
- 5a. For trust owner: **[Complete the *Trustee Statement and Agreement* (COMB 86044).]**
 Trust date: ____ / ____ / ____
 Trustee(s) _____
 Type: Revocable Irrevocable Qualified Retirement Plan Trust Welfare Benefit Trust
- 5b. For business owner: **[Complete the *Business Supplement*.]**
 Form: Corporation Partnership Sole proprietorship Other: _____
 S Corporation LLC Tax exempt
- 5c. For personal owner:
 Total insurance program: Currently in-force: \$ _____ Pending applications: \$ _____
 Relationship to Proposed Insured: _____ Date of birth: ____ / ____ / ____
 Earned annual income: \$ _____ Unearned annual income: \$ _____ Net worth: \$ _____

E. BENEFICIARY DETAILS

[If insurance is for business purposes, also complete the Business Insurance Supplement. If beneficiary is a trust, provide name of trust and trustee(s), date of trust and if trust is revocable or irrevocable. If beneficiary is a business, please list name of business, city and state where located and the form of business.]

Name: First	Middle	Last	Relationship to Proposed Insured	Age	Beneficiary Class	
					Primary	Secondary/Contingent
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

F. INSURANCE HISTORY

1. Do you have any existing life insurance or annuities? Yes No
 Note: Existing coverage includes any life insurance policies that have been assigned, sold or transferred.
2. Will this insurance replace* any existing insurance or annuity? Yes No
3. List the following details for all existing coverage. (List only annuities to be replaced*, list all in force life insurance):

Insurance Company	Face Amount	Type	Product	To Be Replaced?* 1035 Exchange?			
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Replace or replaced means that the insurance being applied for may replace or cause a change in any existing insurance or annuity with any company, including the lapse or surrender of the existing policy, or the use of funds or values from the existing policy to pay for the new policy.

4. Are you applying for or reinstating life insurance with any company? Yes No
If Yes, give company name, amount applied for and total amount to be placed, including this application :

5. Have you had life or health insurance declined, postponed, rated or issued with an increased premium? Yes No
If Yes, give company name, type of insurance, date, action taken and reason for action :

FOR INFORMATIONAL PURPOSES ONLY

PART 2

A. PERSONAL PHYSICIAN INFORMATION

Name _____
Address: Street _____ Suite _____
City _____ State _____ ZIP _____
Telephone number: (____) _____ Date last seen: _____
Reason last seen: _____

If more than one personal physician, provide details in section D number 6.

B. PHYSICAL MEASUREMENTS

1. Height: _____ feet _____ inches Weight: _____ pounds
2. Within the last 12 months, have you had a change of weight (gain or loss) of more than 10 pounds? Yes No
If Yes, provide details: _____

C. FAMILY HISTORY

1. Have any immediate family members (mother, father, brother, sister) been diagnosed with or died from coronary artery disease, cerebrovascular disease, diabetes or cancer before age 70? Yes No
If Yes, provide details including which member and medical condition, age at diagnosis, and age at death (if applicable):

2. **Father:** Current age _____ or Age at death: _____ **Mother:** Current age _____ or Age at death: _____

D. MEDICAL INFORMATION

1. Has a member of the medical profession ever treated you for or diagnosed you with:
a. high blood pressure, chest pain, a heart attack, coronary artery disease, a heart valve disorder, a heart murmur, an irregular heart beat, cerebrovascular disease, a stroke, circulatory disease, an aneurysm or any disease of the heart or blood vessels? Yes No
b. anemia or other abnormality of the blood (other than HIV)? Yes No
c. a polyp, cyst, tumor, cancer, leukemia, melanoma, lymphoma or Hodgkin's disease? Yes No
d. diabetes, high blood sugar, glucose intolerance or other endocrine disorder? Yes No
e. anxiety, depression, or any other mental or psychiatric illness? Yes No
f. an infection caused by the Human Immunodeficiency Virus (HIV) [(Not applicable in CA. In WI: AIDS virus, HIV antibody testing is limited to FDA-licensed enzyme immunoassay and confirmatory HIV antibody tests. Any test performed at an anonymous counseling and testing site or home testing is confidential and need not be revealed on this application.),] Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or any other sexually transmitted disease? Yes No
g. asthma, emphysema, cystic fibrosis, sleep apnea, sarcoidosis, tuberculosis or any other disorder of the lungs or respiratory system? Yes No
h. a seizure, epilepsy, multiple sclerosis, Parkinson's disease, muscular dystrophy, cerebral palsy, paralysis, Alzheimer's disease or any other disorder of the brain or nervous system? Yes No
i. an ulcer, hepatitis, cirrhosis, pancreatitis, ulcerative colitis, Crohn's disease or any other disorder of the esophagus, liver, stomach or intestines? Yes No
j. nephritis, polycystic kidney disease or any other disorder of the bladder, kidney, urinary tract or prostate? Yes No
k. arthritis, gout, back trouble, or any disease or disorder of the joints, muscles or bones? Yes No
l. lupus, rheumatoid arthritis, chronic fatigue syndrome, fibromyalgia, or any other disease or disorder of the autoimmune system? Yes No
2. Have you ever used:
a. cocaine, crack, marijuana, heroin, Ecstasy, PCP, LSD, methamphetamine, any other hallucinogenic drug or controlled substance? Yes No
b. amphetamines, barbiturates, sedatives, opiates or methadone, or controlled substance except as prescribed by a physician? Yes No
3. Have you had or been advised to have treatment or counseling for alcohol or drug use or been asked to reduce or eliminate their usage? Yes No
4. Other than what has already been disclosed, within the past 5 years, have you:
a. requested or received disability or compensation benefits? Yes No
b. been a patient in a hospital or other medical facility, other than for normal childbirth? Yes No
c. had any other disease, disorder or condition? Yes No
d. been advised to have surgery, medical tests or diagnostic procedures (other than for HIV)? Yes No
5. Are you currently receiving medical treatment or taking any other medication or herbal supplement that has not already been disclosed? Yes No

FOR INFORMATIONAL PURPOSES ONLY

AGREEMENTS

By signing this form, I have carefully reviewed the application including all supplements attached to the policy, and I agree to the following:

- To the best of my knowledge and belief, the statements in this application are complete, true and correctly recorded.
- Except for failure to pay premium, the validity of this policy will not be contested after it has been in force during the insured's lifetime for two years from the date it takes effect.
- If I have requested the Acceleration of Death Benefits (Living Needs Benefit), I have read the disclosures in the Living Needs Benefit brochure.
- My original signature has been affixed to this application, the original will be retained by the Company named at the beginning of this application ("Company"). The copies attached to the policy issued to me are identical in form and substance.
- Any policy issued on this application shall not take effect until after all of the following conditions are met:
 - A payment equal to the full first required premium is received by the Company within the lifetime of the proposed insured. A payment will only be considered to be received if one of the following valid items is received by the Company: (i) a check in the amount of the full first required premium; (ii) a completed and signed payment form for the first full premium; or (iii) any other form of payment acceptable to the Company.
 - The form of payment submitted is honored. If payment is made by credit/debit card, wire transfer or automatic bank draft, no premium is considered to be honored until the Company actually receives the funds unless otherwise provided by applicable law.
 - A signed copy of this Application is received by the Company.
 - The Owner has personally received the policy during the lifetime of and while the health of the Proposed Insured is as stated in this application.
- Only an officer of the Company with the rank or title of Vice President may make or alter any contract or agree not to enforce any of the rights of the Company, and then only in writing. **No producer or medical examiner is authorized to accept risks, pass on insurability, make or alter contracts, or waive any of the other rights or requirements of the Company.** Notice to or knowledge imputed to any producer or medical examiner will not be notice of or knowledge to the Company unless it is set out in writing in this application.

FRAUD WARNING

[(Not applicable in **AZ.**)] Any person who knowingly:

- **[AR, HI, LA, NM, TN, VA and WA:]** and intentionally gives false or deceptive information when completing an application for insurance or filing a claim, for the purpose of defrauding an insurance company may be subject to fines, denial of insurance benefits, or confinement in prison.
- **[CO:]** and intentionally gives false or deceptive information when completing an application for insurance or filing a claim, for the purpose of defrauding an insurance company may have committed fraud, or may have violated state law. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- **DC and RI:** presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- **OH:** and with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- **PA:** and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]
- **[All other states:]** and intentionally gives false or deceptive information when completing an application for insurance or filing a claim, for the purpose of defrauding an insurance company may have committed fraud, or may have violated state law.

SIGNATURES

[Check applicable boxes:

IRS Certification: Under penalties of perjury, the policyowner certifies that:

- The number shown on the application is my correct Social Security/Tax ID number.
- I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code.
- I am a U.S. person (including a U.S. resident alien). *If not a U.S. person (including U.S. resident alien), submit the applicable Form W-8(BEN, ECI, EXP or IMY). In most cases, Form W-8BEN will be the appropriate form.*

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.]

Signed at (STATE) _____ on (DATE) _____

→ Signature of proposed insured **X** _____

If policyowner is different from the proposed insured:

→ *For a personal policyowner(s):* Signature(s) of policyowner(s) **X** _____

For an entity policyowner(s) (i.e., trust, business):

Name of entity _____

→ Signature of officer/trustee(s) **X** _____

Title of officer/trustee(s) _____

→ Signature of producer **X** _____

Actuarial Memorandum

Pruco Life Insurance Company
Term Life Policy
Form # PLTUB-2011

Description

This policy provides term life insurance benefits. Premiums are level until age 65 and then increase annually to age 85. Premiums and benefits are guaranteed for the life of the policy.

There are no cash values.

This is a non-participating policy.

Policy Reserves

Reserves are calculated using the 2001 CSO Preferred Ultimate mortality table, age last birthday, smoker/non-smoker and an interest rate of 4%. The reserve method is the Commissioner's Reserve Valuation Method using the greater of unitary and segmented reserves as defined in NAIC Model Regulation 830 (Regulation XXX).

Deficiency Reserves

In the event that gross premiums are less than statutory net premiums, a minimum reserve is calculated. This minimum reserve is calculated using the 2001 CSO Preferred Select & Ultimate mortality table, age last birthday, smoker/non-smoker and an interest rate of 4%. The reserve method is the Commissioner's Reserve Valuation Method using the greater of unitary and segmented reserves (Regulation XXX) except that net premiums are replaced with gross premiums when the gross premium is less than the net premium. If the minimum reserves are greater than the basic policy reserves, then deficiency reserves are the difference between the minimum reserves and basic policy reserves.

A sample calculation is attached.

Joseph E. Brennan, ASA, MAAA
October 13, 2010

LifeMaster Audit Report

Valuation File TERMWL-PRICING-281.VMF
 ☑Valuation Date 12/31/2010
 ☑Run Date 10/12/2010
 ☑Run Time 1 58 p.m.
 ☑Record Type 0
 ☑Company Code AZ
 ☑Policy Number L8258647
 ☑Line of Business OT
 ☑Admin Plan Code 001TWL65 0281
 ☑LM Plan Code TERM WL65 281T
 ☑Phase Code 0
 ☑Sub Phase Code 1
 ☑Policy Status Active (Premium Paying)
 ☑Issue Date 1/1/2008
 ☑Paid to Date 10/4/2009
 ☑Annualized Gross Premiums 347
 ☑Amount Issued 100000
 ☑Amount Inforce 100000
 ☑Units 100

PLTUB-2011

☑ Primary Insured Secondary Insured
 ☑Issue Age 35 0
 ☑Sex Code M
 ☑Risk Code DD
 ☑Class Code 00 00

☑VMF Record Level Detail
 ☑☑Premium Mode 1 ("A")
 ☑☑Ben Code 50
 ☑☑Prem Code 50
 ☑☑Prem Pattern Code 0
 ☑☑Expense Group Field 1 PP
 ☑☑Expense Group Field 2 AZ

☑Guaranteed Provisions Code TWL65 281
 ☑ Death Benefit Definition LIMITED BEN
 ☑ Death Benefit Pattern LEVEL
 ☑ Minimum Death Benefit Pattern NONE
 ☑ Endowment/Coupon Definition NONE
 ☑ Endowment/Coupon Pattern NONE
 ☑ Premium Payment Definition LIMITED PAY
 ☑ Premium Payment Pattern NONE
 ☑ Premium Mode Definition TWL65 281
 ☑ Special Benefits NONE

POLICY NUMBER: L8258647

PLTUB-2011

Statutory 1 Segmented Processing
 Statutory Valuation Code: STDXXC S/N 2K1P
 Terminal Reserve Method: REVISED XXX
 Mean Reserve Method: 19 MidT+UeP DAY.
 Equivalent Level Amount 100000.00
 Expense Allowance: 301.01

DUR	1000qx	i	DEATH BENEFIT	PREMIUM PATTERN	TERMINAL RESERVE	NET VAL PREMIUM	INTEREST COST	BENEFIT COST	MEAN RESERVE	GP w/o FEES	GP RATIO	QX RATIO
0					0							
1	1.28	4.00%	100,000	1.00	-	128.08	(0.08)	128.00	-	262.00	1.00	1.24
2	1.34	4.00%	100,000	1.00	301	429.09	0.96	133.92	300	262.00	1.00	1.21
3	1.41	4.00%	100,000	1.00	607	429.09	3.05	140.85	606	262.00	1.00	1.17
4	1.51	4.00%	100,000	1.00	916	429.09	4.89	150.77	915	262.00	1.00	1.15
5	1.62	4.00%	100,000	1.00	1,227	429.09	6.38	161.70	1,226	262.00	1.00	1.12
6	1.74	4.00%	100,000	1.00	1,539	429.09	7.45	173.64	1,538	262.00	1.00	1.11
7	1.89	4.00%	100,000	1.00	1,848	429.09	8.05	188.60	1,847	262.00	1.00	1.12
8	2.07	4.00%	100,000	1.00	2,153	429.09	8.00	206.58	2,152	262.00	1.00	1.11
9	2.28	4.00%	100,000	1.00	2,449	429.09	7.16	227.61	2,448	262.00	1.00	1.12
10	2.53	4.00%	100,000	1.00	2,733	429.09	5.36	252.71	2,732	262.00	1.00	1.13
11	2.79	4.00%	100,000	1.00	3,003	429.09	2.50	278.93	3,002	262.00	1.00	1.13
12	3.06	4.00%	100,000	1.00	3,258	429.09	(1.58)	306.28	3,257	262.00	1.00	1.13
13	3.27	4.00%	100,000	1.00	3,503	429.09	(6.78)	327.78	3,502	262.00	1.00	1.12
14	3.45	4.00%	100,000	1.00	3,741	429.09	(12.99)	346.41	3,740	262.00	1.00	1.10
15	3.67	4.00%	100,000	1.00	3,968	429.09	(20.25)	369.24	3,967	262.00	1.00	1.09
16	3.94	4.00%	100,000	1.00	4,178	429.09	(28.85)	397.34	4,177	262.00	1.00	1.09
17	4.29	4.00%	100,000	1.00	4,363	429.09	(39.06)	433.85	4,362	262.00	1.00	1.09
18	4.70	4.00%	100,000	1.00	4,516	429.09	(51.28)	476.91	4,516	262.00	1.00	1.10
19	5.20	4.00%	100,000	1.00	4,627	429.09	(65.92)	529.77	4,627	262.00	1.00	1.10
20	5.82	4.00%	100,000	1.00	4,682	429.09	(83.49)	595.78	4,682	262.00	1.00	1.11
21	6.50	4.00%	100,000	1.00	4,673	429.09	(104.51)	669.19	4,673	262.00	1.00	1.10
22	7.22	4.00%	100,000	1.00	4,593	429.09	(129.41)	748.30	4,593	262.00	1.00	1.10
23	7.91	4.00%	100,000	1.00	4,441	429.09	(158.40)	826.10	4,441	262.00	1.00	1.10
24	8.58	4.00%	100,000	1.00	4,215	429.09	(191.64)	903.85	4,216	262.00	1.00	1.10
25	9.39	4.00%	100,000	1.00	3,898	429.09	(229.56)	998.95	3,899	262.00	1.00	1.14
26	10.40	4.00%	100,000	1.00	3,465	429.09	(273.27)	1,118.92	3,466	262.00	1.00	1.12
27	11.63	4.00%	100,000	1.00	2,886	429.09	(323.99)	1,267.55	2,888	262.00	1.00	1.12
28	13.07	4.00%	100,000	1.00	2,131	429.09	(383.07)	1,445.95	2,133	262.00	1.00	1.12
29	14.62	4.00%	100,000	1.00	1,177	429.09	(451.94)	1,645.32	1,180	262.00	1.00	1.11
30	16.26	4.00%	100,000	1.00	-	429.09	(531.67)	1,865.80	3	262.00	17.03	1.10
31	17.96	4.00%	100,000	13.11	5	1,817.05	(598.96)	2,064.27	5	4,463.00	1.10	1.10
32	19.68	4.00%	100,000	14.34	6	1,987.65	(609.79)	2,265.27	6	4,890.00	1.09	1.09
33	21.48	4.00%	100,000	15.62	-	2,165.44	(620.38)	2,475.61	-	5,335.00	1.09	1.09
34	23.36	4.00%	100,000	16.97	3	2,366.39	(630.75)	2,695.14	3	5,805.00	1.09	1.09
35	25.49	4.00%	100,000	18.50	-	2,578.52	(641.32)	2,943.25	-	6,333.00	1.10	1.10
36	27.96	4.00%	100,000	20.27	18	2,853.09	(652.40)	3,230.02	18	6,949.00	1.11	1.11
37	30.98	4.00%	100,000	22.43	30	3,156.49	(664.80)	3,579.21	30	7,697.00	1.11	1.11
38	34.51	4.00%	100,000	24.95	33	3,511.40	(678.65)	3,985.46	33	8,572.00	1.11	1.11
39	38.22	4.00%	100,000	27.60	24	3,884.97	(692.78)	4,409.79	24	9,493.00	1.10	1.10
40	42.21	4.00%	100,000	30.46	-	4,286.53	(707.73)	4,862.59	-	10,483.00	1.10	1.10
41	46.44	4.00%	100,000	33.56	-	4,753.66	(723.45)	5,337.07	-	11,561.00	1.11	1.10
42	51.08	4.00%	100,000	37.07	-	5,240.98	(740.49)	5,849.53	-	12,777.00	1.11	1.11
43	56.47	4.00%	100,000	41.14	-	5,809.97	(760.75)	6,434.53	-	14,190.00	1.12	1.11
44	62.70	4.00%	100,000	45.87	-	6,471.56	(785.42)	7,095.63	-	15,832.00	1.12	1.11
45	69.66	4.00%	100,000	51.17	-	7,215.68	(814.10)	7,811.11	-	17,672.00	1.12	1.11
46	77.36	4.00%	100,000	57.08	-	8,045.15	(847.20)	8,569.40	-	19,723.00	1.11	1.11
47	85.69	4.00%	100,000	63.51	-	8,949.95	(883.43)	9,340.81	-	21,953.00	1.11	1.10
48	94.44	4.00%	100,000	70.32	-	9,908.84	(919.29)	10,079.68	-	24,316.00	1.11	1.10
49	103.93	4.00%	100,000	77.75	-	10,958.75	(956.92)	10,787.73	-	26,895.00	1.11	1.10
50	114.43	4.00%	100,000	86.02	-	12,132.63	(997.99)	11,443.00	-	29,763.00	-	1.10

POLICY NUMBER: L8258647

PLTUB-2011

Alt Min 1 Segmented Processing

Statutory Valuation Code: STDXXC S/N 2K1P

Terminal Reserve Method: REVISED XXX

Mean Reserve Method: 19 MidT+UeP DAY.

Equivalent Level Amount 100000.00

Expense Allowance: 258.68

DUR	1000qx	i	DEATH BENEFIT	PREMIUM PATTERN	TERMINAL RESERVE	ORIG NET PREMIUM	GROSS PREMIUM	NET VAL PREMIUM	MEAN RESERVE
0	0.00								
1	0.3198	4.00%	100,000	1.00	-	31.98	347.00	31.98	-
2	0.4300	4.00%	100,000	1.00	253	290.66	347.00	290.66	252.00
3	0.5403	4.00%	100,000	1.00	504	290.66	347.00	290.66	503.00
4	0.6602	4.00%	100,000	1.00	754	290.66	347.00	290.66	753.00
5	0.7599	4.00%	100,000	1.00	1,004	290.66	347.00	290.66	1,003.00
6	0.8804	4.00%	100,000	1.00	1,251	290.66	347.00	290.66	1,250.00
7	0.9805	4.00%	100,000	1.00	1,499	290.66	347.00	290.66	1,498.00
8	1.0906	4.00%	100,000	1.00	1,746	290.66	347.00	290.66	1,745.00
9	1.1994	4.00%	100,000	1.00	1,992	290.66	347.00	290.66	1,991.00
10	1.3601	4.00%	100,000	1.00	2,233	290.66	347.00	290.66	2,232.00
11	1.5595	4.00%	100,000	1.00	2,463	290.66	347.00	290.66	2,462.00
12	1.8008	4.00%	100,000	1.00	2,679	290.66	347.00	290.66	2,678.00
13	2.0703	4.00%	100,000	1.00	2,877	290.66	347.00	290.66	2,876.00
14	2.3413	4.00%	100,000	1.00	3,056	290.66	347.00	290.66	3,056.00
15	2.5884	4.00%	100,000	1.00	3,219	290.66	347.00	290.66	3,219.00
16	2.8185	4.00%	100,000	1.00	3,366	290.66	347.00	290.66	3,366.00
17	3.0800	4.00%	100,000	1.00	3,493	290.66	347.00	290.66	3,493.00
18	3.3692	4.00%	100,000	1.00	3,597	290.66	347.00	290.66	3,597.00
19	3.7419	4.00%	100,000	1.00	3,669	290.66	347.00	290.66	3,669.00
20	4.1398	4.00%	100,000	1.00	3,705	290.66	347.00	290.66	3,705.00
21	4.6114	4.00%	100,000	1.00	3,696	290.66	347.00	290.66	3,696.00
22	5.1468	4.00%	100,000	1.00	3,633	290.66	347.00	290.66	3,633.00
23	5.7381	4.00%	100,000	1.00	3,509	290.66	347.00	290.66	3,509.00
24	6.3418	4.00%	100,000	1.00	3,319	290.66	347.00	290.66	3,320.00
25	6.9768	4.00%	100,000	1.00	3,057	290.66	347.00	290.66	3,058.00
26	7.6440	4.00%	100,000	1.00	2,716	290.66	347.00	290.66	2,717.00
27	8.5248	4.00%	100,000	1.00	2,269	290.66	347.00	290.66	2,270.00
28	9.6718	4.00%	100,000	1.00	1,685	290.66	347.00	290.66	1,687.00
29	11.0235	4.00%	100,000	1.00	933	290.66	347.00	290.66	935.00
30	12.4064	4.00%	100,000	1.00	-	290.66	347.00	290.66	3.00
31	17.9600	4.00%	100,000	13.11	5	1,817.05	4,548.00	1,817.05	5.00
32	19.6800	4.00%	100,000	14.34	6	1,987.65	4,975.00	1,987.65	6.00
33	21.4800	4.00%	100,000	15.62	-	2,165.44	5,420.00	2,165.44	-
34	23.3600	4.00%	100,000	16.97	3	2,366.39	5,890.00	2,366.39	3.00
35	25.4900	4.00%	100,000	18.50	-	2,578.52	6,418.00	2,578.52	-
36	27.9600	4.00%	100,000	20.27	18	2,853.09	7,034.00	2,853.09	18.00
37	30.9800	4.00%	100,000	22.43	30	3,156.49	7,782.00	3,156.49	30.00
38	34.5100	4.00%	100,000	24.95	33	3,511.40	8,657.00	3,511.40	33.00
39	38.2200	4.00%	100,000	27.60	24	3,884.97	9,578.00	3,884.97	24.00
40	42.2100	4.00%	100,000	30.46	-	4,286.53	10,568.00	4,286.53	-
41	46.4400	4.00%	100,000	33.56	-	4,753.66	11,646.00	4,753.66	-
42	51.0800	4.00%	100,000	37.07	-	5,240.98	12,862.00	5,240.98	-
43	56.4700	4.00%	100,000	41.14	-	5,809.97	14,275.00	5,809.97	-
44	62.7000	4.00%	100,000	45.87	-	6,471.56	15,917.00	6,471.56	-
45	69.6600	4.00%	100,000	51.17	-	7,215.68	17,757.00	7,215.68	-
46	77.3600	4.00%	100,000	57.08	-	8,045.15	19,808.00	8,045.15	-
47	85.6900	4.00%	100,000	63.51	-	8,949.95	22,038.00	8,949.95	-
48	94.4400	4.00%	100,000	70.32	-	9,908.84	24,401.00	9,908.84	-
49	103.9300	4.00%	100,000	77.75	-	10,958.75	26,980.00	10,958.75	-
50	114.4300	4.00%	100,000	86.02	-	12,132.63	29,848.00	12,132.63	-

Actuarial Memorandum

Pruco Life Insurance Company Waiver of Premium Rider Form # TB 102-2011

Description

This rider provides for the waiver of premiums while the insured is disabled. There is a six month elimination period, but premiums are waived retroactive to the date of disability. Disability must begin before the first contract anniversary on or following the insured's 65th birthday.

This rider provides for the waiver of one continuous year of premiums while the insured is unemployed after which no further premiums will be waived under this Unemployment Benefit. Unemployment must begin before the first contract anniversary on or following the insured's 65th birthday and continue for 60 days and the insured must be receiving unemployment compensation from their state of residence.

Benefit Premiums are guaranteed and payable until the first contract anniversary on or following the insured's 65th birthday.

This rider does not have a cash value.

Policy Reserves

Reserves are calculated using the 1952 Disability Study and 2001 CSO Mortality Table, age last birthday, and an interest rate of 4.0%. The reserve method is Net Level Premium. There is an extra reserve component for the unemployment benefit.

There are no deficiency reserves on this rider.

A sample reserve calculation is attached.

Joseph E. Brennan, ASA, MAAA
October 12, 2010

LifeMaster Valuation
Stat 1 Active Lives Audit Summary Report
Valuation Date: 12/31/2010

TB-102-2011

Paid to Date: 10/04/2009

Company Code: AZ

Policy Number: L8258647 [01]

Admin. Sys. Plan Code: 002TS30WP 0253

HM Plan Code: BASE WP TS30 253

Issue Age: 35

Issue Date: 1/01/2008

Date of Disablement: 0/00/ 0

Cause of Disability:

Sex Code: M

Units: 0.00000

Benefit Amount: 28.92

28.92 =347/12

Elimination Period Definition Code: RET 180 DAYS ELIM

Elimination Period Code: NA

Accident Elimination Period: 180 days

Sickness Elimination Period: 180 days

Occ. Class Definition Code: ALL

Occ. Class Code: NA

Benefit Definition Code: TO AGE 85

Benefit Pattern Code: TO AGE 60

Benefit Period Code: 0025

Accident Benefit Period: 21420 days

Sickness Benefit Period: 21420 days

Premium Definition Code: TO AGE 60

Premium Pattern Code: NONE

Premium Period Code: 0025

Policy Coverage Period: 25 years

Morbidity Adjustment Factor: 1.000000

Mortality Adjustment Factor: 1.000000

Withdrawal Adjustment Factor: 1.000000

Reserve Code: OASDI

Reserve Method: NET LEVEL

Reserve Adjustment Factor: 1.00000

Reinsurance Company Code:

Reinsurance Type:

Attachment Amount: 0.00

Percentage: 0.000

Year To Date Payments: 0.00

Inception To Date Payments: 0.00

☐ POLICY NUMBER: L8258647[01]

TB-102-2011

Duration	q x	w x	interest	prem factor	a	benefit factor	acc/sick ratio	Benefit Cost	A	P x	V x	Mid T x	MV x
1	0.0011	-	4.00%	1.00	1.0000	1.00	1.00	2.3959	2.3486	30.71	29.53	14.77	30.12
2	0.0012	-	4.00%	1.00	1.9605	1.00	1.00	2.6391	4.8331	30.71	60.03	44.78	60.14
3	0.0012	-	4.00%	1.00	2.8829	1.00	1.00	2.9368	7.4885	30.71	91.49	75.76	91.12
4	0.0013	-	4.00%	1.00	3.7688	1.00	1.00	3.3007	10.3543	30.71	123.89	107.69	123.05
5	0.0014	-	4.00%	1.00	4.6194	1.00	1.00	3.7450	13.4766	30.71	157.20	140.54	155.90
6	0.0015	-	4.00%	1.00	5.4362	1.00	1.00	4.2826	16.9048	30.71	191.35	174.27	189.63
7	0.0017	-	4.00%	1.00	6.2204	1.00	1.00	4.9018	20.6717	30.71	226.32	208.84	224.19
8	0.0018	-	4.00%	1.00	6.9732	1.00	1.00	5.6712	24.8550	30.71	262.01	244.17	259.52
9	0.0020	-	4.00%	1.00	7.6957	1.00	1.00	6.5574	29.4971	30.71	298.34	280.18	295.53
10	0.0022	-	4.00%	1.00	8.3890	1.00	1.00	7.6259	34.6771	30.71	335.19	316.77	332.12
11	0.0024	-	4.00%	1.00	9.0542	1.00	1.00	8.9504	40.5094	30.71	372.33	353.76	369.11
12	0.0027	-	4.00%	1.00	9.6922	1.00	1.00	10.5478	47.1013	30.71	409.51	390.92	406.27
13	0.0029	-	4.00%	1.00	10.3041	1.00	1.00	12.6807	54.7004	30.71	446.19	427.85	443.21
14	0.0030	-	4.00%	1.00	10.8908	1.00	1.00	15.3887	63.5415	30.71	481.76	463.97	479.33
15	0.0032	-	4.00%	1.00	11.4532	1.00	1.00	19.0651	74.0408	30.71	515.20	498.48	513.83
16	0.0035	-	4.00%	1.00	11.9922	1.00	1.00	24.0409	86.7289	30.71	545.15	530.17	545.53
17	0.0038	-	4.00%	1.00	12.5087	1.00	1.00	30.8259	102.3158	30.71	569.66	557.40	572.76
18	0.0042	-	4.00%	1.00	13.0035	1.00	1.00	39.9865	121.6799	30.71	586.12	577.89	593.24
19	0.0046	-	4.00%	1.00	13.4772	1.00	1.00	52.3571	145.9528	30.71	590.95	588.53	603.89
20	0.0052	-	4.00%	1.00	13.9307	1.00	1.00	69.1660	176.6343	30.71	579.15	585.05	600.41
21	0.0058	-	4.00%	1.00	14.3644	1.00	1.00	91.6674	215.5185	30.71	544.19	561.67	577.03
22	0.0065	-	4.00%	1.00	14.7791	1.00	1.00	123.0514	265.3996	30.71	475.87	510.03	525.39
23	0.0071	-	4.00%	1.00	15.1752	1.00	1.00	156.5943	326.0218	30.71	370.31	423.09	438.45
24	0.0078	-	4.00%	1.00	15.5533	1.00	1.00	199.1429	399.5997	30.71	216.39	293.35	308.71
25	0.0085	-	4.00%	1.00	15.9141	1.00	1.00	253.0067	488.7531	30.71	-	108.20	123.55

Current Mid Terminal Reserve = 91.41 Current Mean Reserve = 91.49

STATEMENT OF VARIABILITY
Form PLTUB-2011 and TB 102-2011
September 21, 2010

Variable and illustrative material in the contract data pages has been bracketeted.

1	Processing Date	Processing Date can vary for each contract issue, and would be updated for any contract data pages printed in post-issue processing.
2	Insured's Information	The insured's information in the specimen policy is for John Doe, male. The Issue Age for the specimen policy is 35. The minimum Issue Age for this policy is 25. The maximum Issue Age is 55 for both nonsmokers and smokers.
3	Rating Class	The name of the rating class for the specimen policy is Nonsmoker. The rating class for each individual insured will be determined in underwriting. The other current rating class names include Preferred Best, Preferred Non-Tobacco, Nonsmoker Plus, Preferred Smoker, or Smoker.
4	Policy Number	Policy number will be uniquely assigned and vary for all contracts issued.
5	Contract Date	Contract date can vary for each contract issued.
6	Term Period, Premium Period	The term period and premium period is to age 85 and can therefore vary based on the issue age of the insured. The level premium period is to attained age 65, followed by annually increasing premiums for the remaining number of years to age 85.
7	Beneficiary	The beneficiary in the specimen policy is Mary Doe, wife and Robert Doe, son. The beneficiary name and class will vary based on the beneficiary(s) selected by the owner.
8	Basic Amount	The Basic Amount of Insurance for the specimen policy is \$100,000. This amount can vary based on the amount selected by the owner. The minimum Basic Amount of insurance is \$100,000. The maximum Basic Amount is \$3,000,000.
9	Other Benefit(s)	For the initial planned product introduction, the Waiver of Premium Benefit due to Insured's Disability or Unemployment rider will be automatically included with the policy. This section is bracketed as variable to provide for future flexibility in being able to issue the policy with the rider as an optional benefit.
10	Schedule of Premiums	The contract premium due for the specimen policy is for a male, age 35, preferred best rating class for a basic amount of insurance equal to \$100,000, and annual mode. The total initial premium on the contract date is shown for annual, semi-annual, quarterly, and monthly modes based on the insured's age, sex, rating class and basic amount of insurance. The schedule of premiums will show the premium change dates and the contract premiums due after the initial level-premium period for the selected mode. The premium change dates will start on the anniversary date following the initial level-premium period and continue to the end of the premium period. The contract premiums due can vary based on the insured's age, sex, rating class, basic amount of insurance, and premium mode.
11	Premium(s) for Benefit(s)	The premium rates for the Waiver of Premium Benefit due to Insured's Disability or Unemployment rider (form TB 102-1011) are level and payable until the insured's attained age 65. The rider premium rates can vary based on the insured's age, sex, rating class, and premium mode.